


初診 ・ 再来初診

記入年月日 / /

I D \_\_\_\_\_

紹介状：なし ・ あり ( )



Questionnaire

**Name** \_\_\_\_\_

1 . Regarding the reasons why you are visiting our hospital, please check all that apply. (症状について)

Chest pain    Abnormal heart beats    Fast    irregular    Slow    Other ( )  
Shortness of breath    Leg swelling    Cough    Hypertension    Abnormal findings on a screening test  
Regular check-up    Other ( \_\_\_\_\_ )

2 . If you have any symptoms, please describe in detail. When did they start? What are the situations that make you feel them? (症状はいつからあるか)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 . Do you have any medications to relieve your symptoms?    Yes    No    (症状出現時に薬は使用したか)

If yes, please give the name of the medicines \_\_\_\_\_

Do you find they work?    Yes, immediately    Not quite    (薬効の有無)

4 . Please list all the medications that you are currently taking? (Prescription notebook    Yes    No) (薬)

No    Yes    \_\_\_\_\_

Please provide the name of the hospital that gave you the prescription \_\_\_\_\_

5 . Do you smoke?    Yes, currently.    No, but I used to smoke.    Never.    (喫煙について)

If you smoke or used to smoke, how much and for how long? \_\_\_\_\_ cigarettes/day, for \_\_\_\_\_ years

6 . Do you drink alcohol?    No    Yes    (飲酒について)

If yes, how often? \_\_\_\_\_ days a week    or \_\_\_\_\_ days a month

What do you usually drink?    Sake    Wine    Liquor    Beer

How much do you drink per day? ( )

7 . Are you allergic to any medications or foods? If yes, please give details. (アレルギー)

No    Yes ( \_\_\_\_\_ )

8 . Have you received a diagnosis of any of the following diseases? (現病歴)

No    Yes    Heart disease (Please specify \_\_\_\_\_)

Hypertension    Diabetes    Hyperlipidemia    Hyperuricemia    Asthma

Kidney disease    Other ( \_\_\_\_\_ )

9 . Have you ever had any operations? If yes, please give details. (手術歴)

\_\_\_\_\_ (\_\_\_\_ years old)

\_\_\_\_\_ (\_\_\_\_ years old)

10 . Have any of your family members had any of the following diseases? If yes, please indicate the relationship to you in the brackets. (家族歴)

• Heart disease    No    Yes ( \_\_\_\_\_ )

• Stroke    No    Yes ( \_\_\_\_\_ )